



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 15, 2006

FILE COPY

Ann Williams, Administrator
Grace Assisted Living of Fairview Lakes
4356 North Nines Ridge Lane
Boise, ID 83702

License # RC-835

Dear Ms. Williams:

On August 14, 2006, a survey was conducted at Grace Assisted Living of Fairview Lakes - Grace at Fairview Lakes, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.

This office is accepting your submitted plan of correction.

Should you have questions, please contact Patrick Hendrickson, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 21, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 0179

Ann Williams, Administrator
Grace Assisted Living Of Fairview Lakes
4356 North Nines Ridge Lane
Boise, ID 83702

FILE COPY

Dear Ms. Williams:

Based on the Complaint Investigation survey conducted by our staff at Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, Llc on **August 14, 2006**, we have determined that the facility failed to protect residents from inadequate care. The facility failed to give at least a thirty day written notice of discharge for 1 of 1 sampled residents.

This core issue deficiency substantially limits the capacity of Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, Llc to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **September 28, 2006**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Ann Williams, Administrator
August 21, 2006
Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **September 3, 2006**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**September 3, 2006**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **September 3, 2006**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **September 13, 2006**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Grace Assisted Living Of Fairview Lakes - Grace At Fairview Lakes, Llc.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards
Marilyn Kelseth, RN Manager, Program Manager, Regional Medicaid Services, Region IV - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R835	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2006
NAME OF PROVIDER OR SUPPLIER GRACE ASSISTED LIVING OF FAIRVIEW LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 1960 NORTH LAKES PLACE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiency was cited during the complaint investigation conducted at your residential care/assisted living facility on August 14, 2006. The surveyors conducting your survey were: Patrick Hendrickson, RN Team Leader Health Facility Surveyor Polly Watt-Geier, LSW Health Facility Surveyor	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on interview and record review it was determined the facility failed to give at least a 30 calendar day written notice of discharge for 1 of 1 sampled residents (#1). The findings include: 1. Review of Resident #1's closed record on 8/3/06, revealed the resident was admitted on 1/18/06, with the diagnoses of hypertension, hypothyroidism, and hyperlipemia. Review of the resident's closed record revealed a copy of the "Resident's Rights", which was signed and dated by the resident on 1/18/06. It documented residents could be transferred or discharged for nonpayment. Additionally, it documented the facility would give at least a 15 day written notice prior to the date of discharge or	R 008		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

NCH311

If continuation sheet 1 of 3

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R835	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2006
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R 008	<p>Continued From page 1</p> <p>a 30 calendar day notice for a transfer to another facility as agreed to in the admission agreement.</p> <p>The resident's closed record contained a "Admission Agreement/Service Plan Agreement" which documented the facility required a minimum of 15 days to either party of written notification to terminate the admission agreement. The number 15 had been crossed out, circled and replaced with, "30 days to either party". The record documented the admission agreement could be terminated when there was "nonpayment of the resident's bill; (within ten days after it is due) Before a resident may be discharged from the facility without his/her approval, the facility will provide a written notice of discharge to the resident, his/her representative and the person who is responsible for paying the bill on behalf of the resident".</p> <p>The resident's closed record contained a written notice of discharge dated 7/26/06. It documented the admissions agreement was terminated because of non-payment.</p> <p>Review of the facility's records on 8/3/06, revealed an informational letter dated 5/22/06. It documented the facility's previous admission agreement required the facility to give a 15 day written notice. It also documented the facility's current admission agreement had been changed to require a 30 day written notice by either party to terminate the admissions agreement.</p> <p>Review of the facility's admission/discharge log on 8/3/06, documented the identified resident was discharged on 7/28/06.</p> <p>On 8/3/06 at 2:00 p.m., the facility's owner stated the identified resident's family was given a verbal</p>	R 008		

Bureau of Facility Standards

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R 008	Continued From page 2 notice of discharge on 7/10/06. She stated the identified resident did not paid July 2006 rent. She stated the facility gave the identified resident's family a written notice on 7/26/06 and the identified resident was moved out of the facility on 7/28/06 by movers hired by the facility's owner. The Resident did not receive at least a 30 calendar day written notice of discharge by the facility, which encroached on the resident's right to be given a notice to discharge from the facility. This failure resulted in inadequate care.	R 008			



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August 21, 2006

FILE COPY

Ann Williams, Administrator
Grace Assisted Living of Fairview Lakes
4356 North Nines Ridge Lane
Boise, ID 83702

Dear Ms. Williams:

On August 14, 2006, a complaint investigation survey was conducted at Grace Assisted Living of Fairview Lakes - Grace at Fairview Lakes, LLC. The survey was conducted by Patrick Hendrickson, R.N. and Polly Watt-Geier, LSW. This report outlines the findings of our investigation.

Complaint # ID00001685

Allegation #1: A resident was discharged without at least a 30 calendar day notice.

Findings: Based on interview and record review it was determined the resident was discharged without at least a 30 calendar day notice.

Review of the facility's admission/discharge log on August 3, 2006, documented the identified resident was discharged on July 28, 2006, and therefore could not be interviewed.

Review of the identified resident's closed record revealed a copy of the "Resident's Rights", which was signed and dated by the resident on January 18, 2006. It documented residents could be transferred or discharged for nonpayment. Additionally, it documented the facility would give at least a 15 day written notice prior to the date of discharge or a 30 calendar day notice for a transfer to another facility as agreed to in the admission agreement.

The identified resident's closed record contained a "Admission Agreement/Service Plan Agreement" which documented the facility required a minimum of 15 days to either party of written notification to terminate the admission agreement. The number 15 had been crossed out, circled and replaced with, "30 days to either party". The record documented the admission agreement could be terminated when there was "nonpayment of the resident's bill; (within ten days after it is due) Before a resident may be discharged from the facility without his/her approval, the facility will provide a written notice of discharge to the resident, his/her representative and the person who is responsible for paying the bill on behalf of the resident".

Ann Williams, Administrator
August 21, 2006
Page 2 of 2

The identified resident's closed record contained a written notice of discharge dated July 26, 2006. It documented the admissions agreement was terminated because of non-payment.

Review of the facility's records on August 3, 2006, revealed an informational letter dated May 22, 2006. It documented the facility's previous admission agreement required the facility to give a 15 day written notice. It also documented the facility's current admission agreement had been changed to require a 30 day written notice by either party to terminate the admissions agreement.

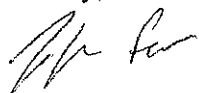
On August 3, 2006 at 2:00 p.m., the facility's owner stated the identified resident's family was given a verbal notice of discharge on July 10, 2006. She stated the identified resident had not paid July 2006 rent. She stated the facility gave the identified resident's family a written notice on July 26, 2006, and the identified resident was moved out of the facility on July 28, 2006, by movers hired by the facility's owner.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.520 for not providing at least a 30 calendar day written notice to a resident who was discharged from the facility. The facility was required to submit a plan of correction.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



PATRICK HENDRICKSON, R.N.
Team Leader
Health Facility Surveyor
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program